

FILED DEC 6 1948
Registration District No. 2494

Primary Registration District No. 5866

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Oregon
 (b) City or town Myrtle
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 48 hours (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEWalter Clarence Braymen

3. (b) If veteran,

name war --

3. (c) Social Security No.

--

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
 divorced Married
 6. (b) Name of husband or wife Lucy Braymen 6. (c) Age of husband or wife if
 alive 66 years
 7. Birth date of deceased May 30 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 24 hr. min.

9. Birthplace Jewell County Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Clergyman

11. Industry or business.

12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Lucy Braymen
 (b) Address Myrtle, Mo.

17. (a) Removal (b) Date thereof 10/25/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln, Nebraska

18. (a) Signature of funeral director Edward J. Carter
 (b) Address Thayer, Mo.

19. (a) 12-1-48 (b) Mrs. W. C. Johnson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County 999
 (c) City or town Lincoln (If outside city or town limits, write "RURAL") 25
 (d) Street No. 0 (If rural, give location) 2
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
 year 1948 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from 10-23, 1948, to 10-24, 1948
 that I last saw him alive on 5 am 24, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Small Stones

Due to intestinal obstructions

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public
 place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward J. Carter (M. D. or other)
 Address Myrtle, Mo. Date signed 10-23-48

PHYSICIAN

Underline
 the cause of
 which death
 should be
 charged sta-
 tistically.

RECEIVED 12-1-48
District Health Officer No. 5,
District File Number 1248735
Date Filed 12-3-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Deland Carter

Licensed Embalmer No. _____

4516

P. O. Address _____

Shaver, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. DecRegistration District No. 254Primary Registration District No. 5866Registrar's No. 3557

1. PLACE OF DEATH:

- (a) County Oregon
(b) City or town myrtle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAMEWalter C. Brayman3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex m
race w6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

7545hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) Kan

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 12/11/48
(Date received local registrar)(b) ms W Johnson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Year 1948 hour 8 minute 15 M.21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____
Due to _____Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-37526